

215038106  
60781

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 009	Agency Case No. B5-086728	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT 09/18/2015	M M / D D / Y Y Y Y S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		(In Military Time) TIME OF ACCIDENT 1708	STATE USE ONLY Amended	10/02/2015
A/2	PLACE OF ACCIDENT COUNTY Lancaster CITY Lincoln	POLICE NOTIFIED 1710		PRIVATE PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE	
B 68	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 2649 N. 48th St.	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LONGITUDE		
C 1	DISTANCE FROM MILEPOST FEET N S E W OF MILEPOST	HIGHWAY NO.				
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION <input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M 01	130.00					X N. 48th St.
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E 1	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b 10 2 1 1 09		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO. H13146328	STATE (Of License) NE		SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE		
V1/N 1	DRIVER LINDSEY A CLAUSEN	PHONE 402-432-7863		LOCAL NO.		
V2/N	DRIVER ADDRESS 5008 VALLEY FORGE RD, LINCOLN, NE 68521	CITY, STATE, ZIP LINCOLN, NE 68521		DATE OF BIRTH (MM / DD / YYYY) 04/05/1990	LOCAL NO.	
G 1	OWNER LUX CENTER FOR THE ARTS	PHONE 402-466-8692		LOCAL NO.		
H 5	OWNER ADDRESS 2601 N. 48th St., Lincoln, NE 68504	CITY, STATE, ZIP LINCOLN, NE 68504		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/O 1	LICENSE PLATE TE NO. 2488	YEAR (Plate Expires) 2016		STATE (Of Plate) NE		
V2/O	VEHICLE 2008	MAKE Ford	MODEL 25V	BODY STYLE Full size van	COLOR white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 300
I 1	VEHICLE ID NO. (VIN) 1FTNE24W88DB12955	INSURANCE COMPANY PHILADELPHIA IND INS CO		POLICY NO. PHPK1334944		
VEHICLE NO. 2						
J 01	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		
V1/P 1	DRIVER	PHONE		LOCAL NO.		
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
K 01	OWNER	PHONE		LOCAL NO.		
L 01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q 4	LICENSE PLATE NO.	YEAR (Plate Expires)		STATE (Of Plate)		
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V3/Q	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		ESTIMATED DAMAGE <input type="radio"/> TOALED \$		
V4/Q	TOWED TO	TOWED BY		POLICY NO.		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. # 0	NAME Samuel Bilbo 3644 Madison Ave., Lincoln, NE 68504	ADDRESS		DATE OF BIRTH (MM / DD / YYYY) 05/15/2006	1 Seat Position 19	2 Eject 10
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME Lincoln Fire & Rescue	3 Body Region 3	4 Injury Sev. 2
					5 Trans. 2	SEX M
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-086728**



Measurements Approximate  
Not To Scale

**POI-**  
**130' W of W curb of N. 48th St.**  
**2' S of S curb of St. Paul Ave.**



**St. Paul Ave.**

**N. 48th St.**

2649 St. N. 48th St.

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

V1 was in the back alley of the business at 2649 N. 48th St. V1 said she was slowing inching forward with some stopping as she was trying to turn left to go EB on St. Paul Ave. V1 said traffic was stopped and that was why she was not able to turn. V1 said she did not observe or see the bicyclist. The bicyclist was traveling WB on the South sidewalk of St. Paul Ave. The bicyclist said that he had attempted to stop before hitting V1 but was unable too. The bicyclist said he did not have brakes on his bicycle and was going pretty fast. Witness was on the North sidewalk of St. Paul Ave. said she observed the bicyclist to be traveling pretty quickly but was not sure what the van was doing at the time.

<b>PROPERTY</b>	OBJECT DAMAGED <b>Front Bicycle Wheel</b>	OWNER NAME <b>Samuel Bilbo</b>	ADDRESS <b>3644 Madison Ave., Lincoln, NE 68504</b>	PHONE	APPROX. COST OF DAMAGE <b>\$ 50</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME <b>Ciara Coleman</b>			ADDRESS <b>2711 N. 48th St., Lincoln, NE 68504</b>	
	NAME			ADDRESS	
			PHONE <b>816-585-8982</b>		
			PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)											
1	X				2649 N. 48th St				VEHICLE 1				VEHICLE 2							
2									POINT OF IMPACT				POINT OF IMPACT							
1	01				06 Turning left				MOST DAMAGED AREA				MOST DAMAGED AREA							
2					08 Entering traffic lane															
					01 Essentially straight ahead				02 None				02				03			
					02 Backing				09 Top & windows				01				04			
					03 Changing lanes				10 Undercarriage				08				05			
					04 Overtaking/ Passing				11 Total (all areas)				07				06			
					05 Turning right				12 Other				09				07			
					13 Unknown								10				08			
OFFICER NO. <b>1742</b>					TROOP/ TEAM/ BEAT <b>11</b>					DEPARTMENT <b>Lincoln Police Department</b>					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
INVESTIGATOR NAME (Print or Type) <b>Matthew Gilleland</b>					INVESTIGATOR SIGNATURE <b>Approved by Matthew Gilleland</b>					DATE OF REPORT <b>10/02/2015</b>										